



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In the Matter of the Application of : William Raymond Price, et al.

Serial No.: 10/035,885

Filed: December 24, 2001

For: Duplication of Lost Dentures

Examiner: Del Sole, Joseph S.

Group Art Unit: 1722

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Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

Dear Sir:

RESPONSE

In response to the Notice of Non-compliant Amendment of September 11, 2003, a substitute claim listing is presented herewith:



image

1772

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/035,885
	Filing Date	12-24-2001
	First Named Inventor	Price, William Raymond
	Art Unit	1722
	Examiner Name	Del Sole, Joseph S.
Total Number of Pages in This Submission	Attorney Docket Number	01050

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Notice of Non-Compliant Amendment - 9-11-2003
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Robert W. Pitts
Signature	<i>Robert W. Pitts</i>
Date	9-18-2003

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